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- CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's.
- Certificates will be emailed out to you within two weeks

PROFESSIONAL and PERSONAL CONTINUOUS GLUCOSE MONITORING SYSTEM and INSURANCE REIMBURSEMENT



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Learning Objectives

1. Describe Medicare beneficiary eligibility criteria for CGM
2. Name the 3 HCPCS codes for 3 parts of CGM system that are used by CGM manufacturer to bill Medicare for reimbursement
3. Name the 2 CPT procedure codes used by providers to bill Medicare for **professional** CGM:
 - a. Sensor placement, hook-up, calibration of monitor, pt training, removal of sensor, data download and printout of recording
 - b. Ambulatory CGM of interstitial tissue fluid via subcutaneous sensor for minimum of 72 hrs; interpretation and report
4. Name the Medicare benefits that the CGM interpretation may be billed under if performed by a non-physician clinician (RN, MA, lab tech, RD, CDE)

CGM Reimbursement Facts*

- Approximately 92% of commercial covered lives in U.S. covered by insurer with written policy for **Personal** and **Professional** CGM
- Very important to understand specific coverage criteria for payers in your area, as each plan may have different criteria for pt selection and billing
- Medicare has not established a national coverage policy for **Professional** CGM
 - Means that coverage is determined by each of the local contractors (also referred to as “carriers” or Medicare Administrative Contractors) who process Medicare claims

* Source: Professional CGM Reimbursement Guide by Medtronic

CGM Reimbursement Facts*

- Currently, **Professional** CGM under CPT codes 95250 and 95251 payable by Medicare in all 50 states
- However, local policies may change as Medicare continues to consolidate its Administrative Contractors
 - Thus, it is imperative that HCPs always check with their local Medicare contractor (call or access website) to determine most current policy in place for **Professional** CGM
 - Websites for current Medicare contractors provided at www.cms.gov

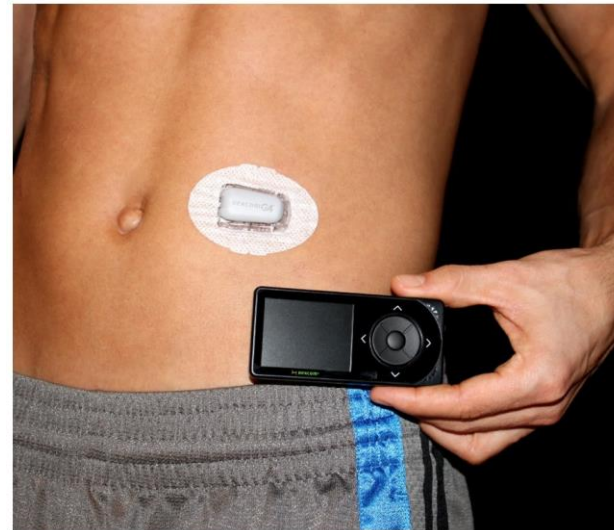
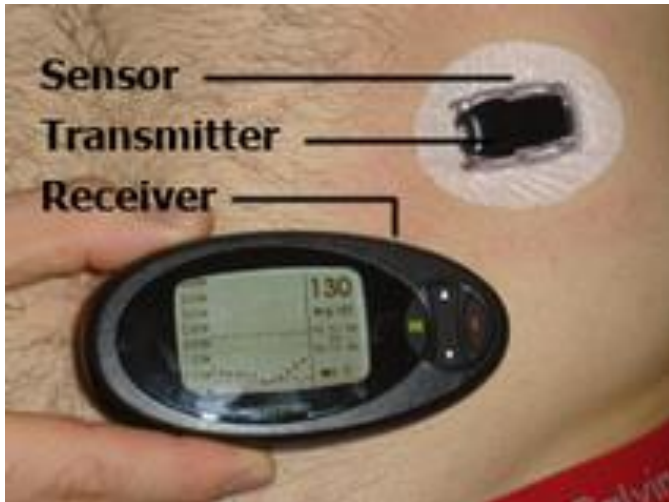
* Source: Professional CGM Reimbursement Guide by Medtronic

About a Continuous Glucose Monitoring System (CGMS)

- CGMS refers to all manufacturers of CGM devices
- Has evolved since introduction of
- CGM now refers to both:
 - **Professional** CGM is used as diagnostic test
 - **Personal** CGM:
 - Long-term personal use by pt
 - Pt owns CGM device and hardware

CGMS Devices: Supplement To SMBG

- FDA-approved CGMS's are supplement to, not replacement of, standard finger stick SMBG testing



Electronic CGM
Recorder/Receiver with
Sensor inserted in abdomen
and **Transmitter** attached

Professional versus Personal CGM

- **Professional** CGM:
 - Diagnostic test for use by HCPs
 - FDA-approved hardware **owned by HCP**
 - HCP uses BG data to evaluate pts' BG patterns
 - Pt placed on device in HCP's practice setting
 - Pt wears for minimum of 72 hrs for purpose of:
 - Auto recording and storing of BG measurements
 - Pt returns device to HCP after 72 hrs
 - HCP downloads BG data from device into computer via specialized software from device co.
 - HCP interprets data to aid in treatment decisions
 - HCP completes and documents full report

Professional versus Personal CGM

- **Personal** CGM
 - Not diagnostic test
 - Hardware **owned by pt**
 - HCP and pt use BG data to evaluate pts' BG patterns
 - Pt can view real-time CGM data q 5 min.
 - Pt can set alarms for high or low BG levels
- CGM data particularly helpful in detecting:
 - Nocturnal (night time) hypoglycemia
 - Postprandial (post meal) hyperglycemia

Professional CGM

- Allows for printable reports and illustrative graphs
- Real-time BG data displayed + trends and alerts
- Pt benefits:
 - Acts as powerful education + reinforcement tool as graphs help HCPs and pts understand effects of diet, exercise, meds, etc. on BG levels
- Fingersticks required to calibrate glucose sensor and before making treatment decisions
- Minimal pt training to get started at **first visit**:
 - Hook-up and calibration training required
 - Typically no counseling on meaning of BG values

About Professional CGM Hardware

- **Glucose sensor**
 - Tiny electrode....discarded after pt use*
 - Inserted into abdomen's subcu tissue w/ wire probe
 - Reads interstitial fluid glucose q 5 min. for each day of evaluation period (3 days....72 hours)
 - Wirelessly connected to **recorder/receiver/monitor**, and worn outside of body
 - *New **glucose sensor** used for each:
 - *New pt and new episode of use
 - HCP removes after 72 hour evaluation period
 - **HCP purchases sensors**

About Professional CGM Hardware

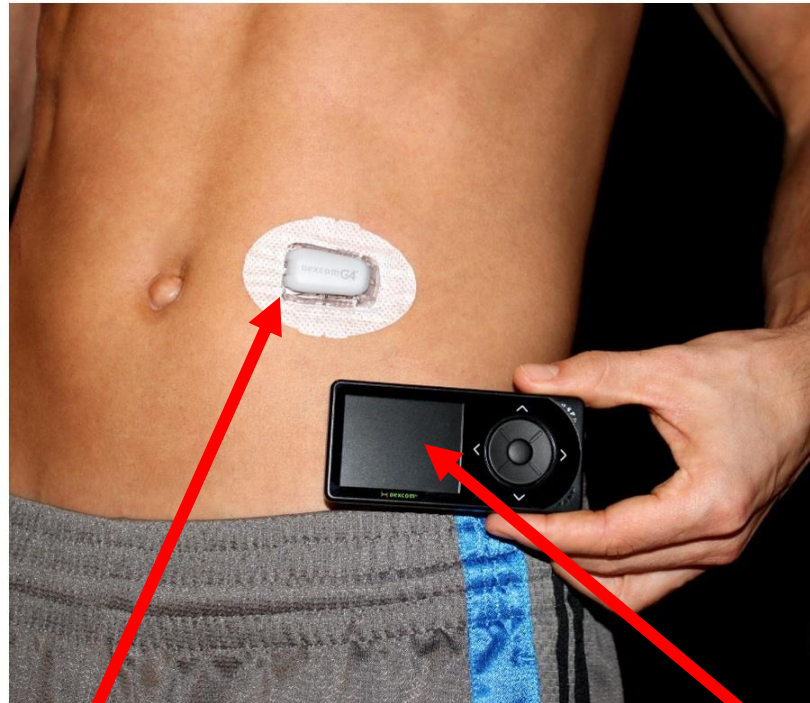
- **Transmitter**

- Tiny device physically connected to **sensor**
- Sends glucose values via wireless radio frequency to **recorder/receiver/monitor** worn **externally**
- **HCP owns**

**CGM sensor
with
transmitter**



A PICTURE IS WORTH A THOUSAND WORDS



Electronic CGM Recorder/Receiver/Monitor
with
Sensor inserted in abdomen and
Transmitter attached to **Sensor**

About Professional CGM Hardware

- **Recorder/Receiver/Monitor**

- Worn outside of body
- Wirelessly connected to **transmitter** which is connected to **sensor** which is inserted into abdomen with wire probe
- Re-used
- Re-chargeable
- Stores glucose values read in interstitial fluid
- HCP removes after 72 hour evaluation period
- **HCP owns**

About Professional CGM Hardware

– **Recorder/Receiver/Monitor** is:

- Cleaned after pt use
- Attached to electrical charger for next pt use

– BG data downloaded to software for report generation from:

- **Recorder/receiver/monitor** and
- BG meter values

About Professional CGM Hardware

- Throughout 72 hour evaluation period, pt must *manually* record:
 - Food eaten at meals (esp. carb grams)
 - Insulin doses and times
 - Perceived hypoglycemic events + time of day
 - Exercise: duration, type, time of day

About Professional CGM Hardware

– **Software** (HCP owns)

- Installed on ordinary office computers
- Used to start up pts, download data from **recorder** + generate reports
- Reports = illustrated line graphs of all recorded glucose values, times of, etc.
 - Reviewed + interpreted by HCP

– **BG meter** (patient owns)

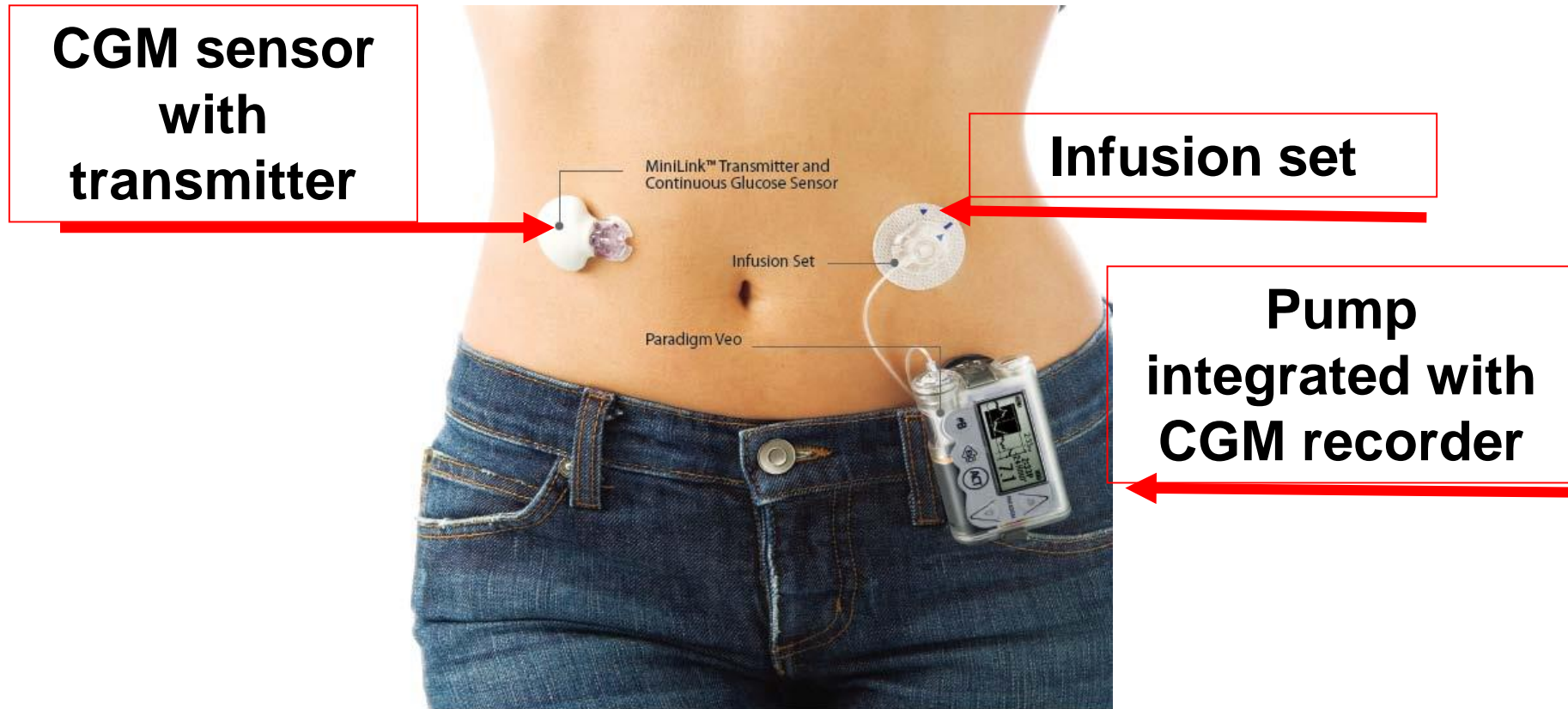
- Pt must also calibrate CGM with finger stick BG meter tests 4x/day

Integrated Systems: CGM + Insulin Pump

- Second-generation = integrated/combined CGM and insulin pump systems
 - CGM **recorder/receiver/monitor** built into pump
 - Glucose **sensor** (probe inserted into abdomen's subcutaneous tissue) is separate device
 - Medtronic MiniMed Paradigm Revel™ Insulin Pump
 - Guardian® REAL-Time CGM System
 - Animas Vibe®: Pump integrated with Dexcom G4 Platinum 7-Day Sensor CGM; waiting FDA approval in US market as of 10-18-13 (approved in Europe)

Integrated Systems: CGM + Insulin Pump

- CGM **sensor** inserted in abdomen and insulin pump integrated with CGM **recorder**



Professional vs. Personal CGM:

Medicare Coverage

- **Personal CGM:**
 - Centers for Medicare and Medicaid Services (CMS, governing body over Medicare) does NOT reimburse **personal** CGM with **pt-owned device!**
- Medicare states that:
 - Services provided primarily for convenience of beneficiary or provider are not medically necessary
 - All services reported to CMS must be medically necessary
 - Claiming a non-covered service as a covered service could be viewed as fraud

Professional CGM Medicare Coverage Guidelines: Beneficiary Eligibility

Professional CGM:

- Covered by CMS
- **Prior to hook-up**, beneficiary must have:
 - Completed full 10 hour initial DSME/T program
 - Documented frequency of SMBG at average of 4x/day during previous month
 - Shown compliance with recommended:
 - Diet, medication regimen and other treatment regimens Rx'd by provider

Medicare Coverage Guidelines for Professional CGM: Beneficiary Eligibility

– Met all criteria for medical necessity (to be documented by HCP):

- A1c >8%

And

- Insulin-dependent (Type 1 or Type 2)

And

- Having frequent, unexplained hypoglycemic (<50 mg) episodes

OR

- Having unexplained, large fluctuations in daily pre-prandial BS values

Medicare Coverage Guidelines for Professional CGM: Beneficiary Eligibility

And

- Not well controlled as evidenced by high A1c
or
- Having episodes of ketoacidosis or hospitalizations for uncontrolled BG levels
or
- To start insulin for 1st time or start insulin pump
or
- Is compliant with T2 DM therapy but results in unexplained hypoglycemia or poor A1 response

Medicare Coverage Guidelines for Professional CGM: Beneficiary Eligibility

or

- Has DM and **newly pregnant**

or

- Has DM and **about to conceive**

or

- Has DM and **pregnant** and having trouble controlling DM

**Are we
confused yet?**



Medicare Coverage Guidelines for Professional CGM: Hardware

- **For beneficiary to obtain CGM hardware,** **beneficiary** must first complete this process:
 - Signs document provided by CGM manufacturer titled: ***Assignment of Benefits and Release of Medical Information***
 - In document, beneficiary is:
 - Assigning Medicare reimbursement for CGM device directly to CGM manufacturer
 - Authorizing release of his/her medical info to CGM manufacturer

Assignment of Benefits and Release of Medical Information to be Signed by Beneficiary

_____ (CGMS company) recognizes that medical information is confidential and will maintain the privacy of your medical information. Information will only be used and disclosed in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, many insurance companies require that medical information be submitted with claims to determine medical necessity. In order to authorize _____ (CGM manufacturer) to obtain medical information from your healthcare team, please complete, sign and date the statement below. I _____ (beneficiary) do hereby authorize _____ (CGM manufacturer) to submit claims to my insurance company/companies on my behalf, and my insurance company/companies to make payments directly to _____ (CGM manufacturer) for my continuous glucose monitoring products. I also authorize _____ to submit referrals to _____ contracted distributors if necessary to obtain reimbursement.

Assignment of Benefits and Release of Medical Information to be Signed by Beneficiary, Continued

I understand I am responsible for any deductible co-payment and other amounts not covered by my insurance company/companies. ____ (CGM manufacturer) will make every reasonable effort to collect payment from my insurance company. In the event the insurance company refuses to pay _____, I will assume full responsibility for the payment. I understand that if my insurance company does not accept assignment of benefits, all correspondence and payments for service may be sent directly to me. I agree when such payments are received by me, I will make payment on my bill with a credit card, personal check, or by endorsing the insurance check "Pay to the Order of _____" within five days. I agree to notify _____ immediately of any changes to my insurance coverage or if I change my insurance company. I consent to the release of all information, including medical records to or from my physician or representative of my physician and to or from the insurance company or _____ contracted distributors, for the purposes of healthcare management and/or for processing of medical claims.

Medicare Coverage Guidelines for Professional CGM: Hardware

- **For beneficiary to obtain CGM hardware, provider** must also first complete following process on next slides.

Note: Beneficiary *cannot* directly submit claim to Medicare for CGM device reimbursement to himself/herself, *after* receiving device.

Medicare Coverage Guidelines for Professional CGM: Hardware

- Complete **Statement of Medical Necessity** (= Rx for device) on beneficiary's behalf
- Fax **Statement** to CGMS manufacturer's Managed Care Director or Resource Center
 - Managed care director submits **request** for prior authorization of CGM device to Medicare (or primary health care insurer)
 - Request to include info about device, utility, cost and potential cost savings

Statement of Medical Necessity to be Completed and Signed by Provider

Patient First Name: _____ Last Name: _____ DOB: _____
Address: _____ ☐ Male ☐ Female
City: _____ State: _____ Zip code: _____
Home Phone #: _____ Work #: _____ Cell #: _____

ICD-9 Code: _____
Date of Diagnosis: _____

Prescription duration: ☒ Lifetime need ☐ No substitutions
Prescription for HCPCS codes: A9278, Receiver (Monitor), 1/365 days
A9277, Transmitter, 1/365 days
A9276, Sensors, 52/365 days

Patient's existing conditions supporting medical necessity for long-term continuous glucose monitoring system:

- ☐ Completed comprehensive diabetes education. Date: _____
- ☐ Demonstrates compliance with medication, diet, and MD treatment.
- ☐ Tests with fingerstick blood glucose _____ times daily as documented by log book or meter download.
- ☐ MDI/Multiple daily insulin injections: _____ injections per day
- ☐ Has an insulin pump. Start date of insulin pump therapy: _____
- ☐ Experiences hypoglycemia episodes (Less than 50 mg/dl).
- ☐ Severe hypoglycemic reactions requiring the assistance of others.
- ☐ Unscheduled urgent clinic and/or ER visits to treat significant hypoglycemic episodes.
- ☐ Receives care from an endocrinologist or a diabetes specialty clinic.

Clinical indications for long-term continuous glucose monitoring system:

- ☐ Wide fluctuations in blood glucose values from _____ to _____ mg/dl
- ☐ Hypoglycemia unawareness
- ☐ AM hyperglycemia (Dawn Phenomenon)
- ☐ Nocturnal hypoglycemia
- ☐ Diabetic ketoacidosis
- ☐ Neuropathy/nephropathy/retinopathy
- ☐ Pre-conception planning
- ☐ Fasting hyperglycemia > 150mg/dl
- ☐ Inadequate glycemic control despite appropriate adjustments in insulin therapy and compliance with frequent self-monitoring
- ☐ Recent A1C value _____ % Date of test: _____
- ☐ Other _____

Please attach documentation supporting the information checked (Log book, meter download, clinical notes, urgent care, emergency room documentation, etc.).

Continuous glucose monitoring system training:

- ☐ Teaching will be completed by physician and staff ☐ Other trained personnel name: _____

Name of Prescribing Physician: (print) _____
Specialty: _____ UPIN: _____
Office Address: _____ NPI: _____
City: _____ State: _____ Zip code: _____
Office Phone #: _____ Fax #: _____ Office Contact: _____

Physician Attestation & Signature/Date:

I certify that I am the physician identified above & have reviewed all of the order information above. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify all the medical necessity information is true, accurate and complete, to the best of my knowledge. The patient's record contains supporting documentation, which substantiates the utilization and medical necessity of the products marked above. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Physician's Signature: _____ Date: _____ (Stamps are not acceptable)

Medicare Coverage Guidelines for Professional CGM: Hardware

- When approved by Medicare, CGM hardware sent by manufacturer to:
 - Beneficiary
 - Provider, or
 - Diabetes educator
- Beneficiary training on CGM device use then scheduled by educator or provider

Medicare Coverage Guidelines for Professional CGM: Hardware Codes

- HCPCS codes for CGM device used by manufacturer on claim form to Medicare:
 - **A9276: Sensor**
 - Invasive (subcutaneous)
 - Disposable
 - For use with interstitial CGMS
 - One unit = 1 day supply, up to 10 per month, 52 per 365 days (1 sensor worn 1 – 3 days)

Medicare Coverage Guidelines for Professional CGM: Hardware Codes

– **A9277: Transmitter**

- External
- For use with interstitial CGMS, 1 per 365 days

– **A9278: Receiver (Monitor or Recorder)**

- External, for use with interstitial CGM system
- 1 per 365 days, per product life expectancy
- Stores data recorded by sensor downloaded for analysis by HCP
- Insulin pump not required

Reimbursement Coverage Guidelines for Professional CGM for HCPs

Billing and coding for professional CGM:

95250

- Ambulatory continuous glucose monitoring of interstitial fluid via a subcutaneous sensor for *minimum of 72 hours*; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, data download and printout of recording.

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95250

- Is a **technical** service...NOT a **professional** service
- Can be billed by HCPs who **own and operate** CGM device
- In general, HCP not in position to bill 95250 if HCP practice does NOT:
 - Own device
 - or
 - Has NOT performed most of 95250-related technical services

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95250

- Technical service can be **performed** by **non-physician clinician staff** (RN, RPh, MA, RD, CDE) as code does **not** have any physician work Relative Value Units
 - But service must be within scope of practice and licensure in state
- Can be **billed** by:
 - Treating provider in provider's practice **OR**
 - Hospital OP dept; but first must receive provider's Rx for CGM technical service

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95250

- Summary: If furnished by RN, RPh, MA, RD, CDE, to:
 - Furnish under Rx/referral from physician which means is furnishing under supervision of physician
 - Bill under **physician's NPI#** if furnished in physician's office
 - Bill under **hospital's NPI#** if furnished in hospital outpatient dept.
 - Payment may be ~ 15% lower

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95250

- Technical service can be **performed** by **non-physician clinician staff** (RN, RPh, MA, RD, CDE) as code does **not** have any physician work Relative Value Units
 - But service must be within scope of practice and licensure in state
- Can be **billed** by:
 - Treating provider in provider's practice **OR**
 - Hospital OP dept; but first must receive provider's Rx for CGM technical service

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

- Do **not** report 95250 more than 1x/month
- Do **not** report 95250 with 99091:
 - 99091 = Physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver (bundled rate)
- IF patient brings in own **sensor**:
 - Use **code modifier -52** as is non-expense to practice setting

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95250

- Hospital outpatient dept. services:
 - Medicare pays under outpatient prospective payment system (OPPS)
 - Code paid under Ambulatory Procedure Classification (APC) code: 0607

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare** 95250

- Summary: If furnished by RN, RPh, MA, RD, CDE, to:
 - Furnish under Rx/referral from physician which means is furnishing under supervision of physician
 - Bill under **physician's NPI#** if furnished in physician's office
 - Bill under **hospital's NPI#** if furnished in hospital outpatient dept.
 - Payment may be ~ 15% lower

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95251

- Ambulatory continuous glucose monitoring of interstitial tissue fluid via subcutaneous sensor for *minimum of 72 hrs*; interpretation and report
- Can be done in **non** face-to-face pt time
- Data can be **downloaded** by non-physician staff clinicians (RDs, RNs, CDEs)...BUT
- Data can only be **interpreted** + report generated by
 - Physicians
 - Qualified non-physician practitioners: NPs, PAs, CNSs

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95251

- Analysis, interpretation and report should be clearly documented in patient's chart
- In addition, it is useful to print Professional CGM reports and include them in patient's medical record

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95251

- Not to be billed by diabetes center, hospital or other facility as Medicare defines 95251 as a “**professional** component code only”
 - Means it is restricted to use by physicians and qualified non-physician practitioners
- Facilities provide **technical** services only (eg, **95250**)
- Not to report 95251 more than once per month
- Not to report 95251 with 99091

Reimbursement Coverage Guidelines for Professional CGM for HCPs: **Medicare**

95251

- Cannot use code if data interpreted and report is generated **by non-physician staff** (RN, MA, lab tech, RD, CDE)
 - Alternate billing options:
 - G0108 = Individual DSME
 - 97802 = Initial individual MNT
 - 97803 = Established pt, individual follow-up MNT

Reimbursement Coverage Guidelines for Professional CGM for HCPs

- Evaluation & management service by physician or qualified non-physician practitioner:
 - May be performed on **same day** as services for 95250 and 95251
 - Can be billed separately in certain circumstances
 - Documentation must substantiate that significant, separately identifiable E/M service was medically necessary and provided in addition to CGM service
 - This requires physician or mid-level practitioner to take hx, perform physical exam, and engage medical decision-making “above and beyond” usual work associated with CGM

Reimbursement Coverage Guidelines for Professional CGM for HCPs

- If separate E/M code billed on same day as CGM code, modifier -25 must be used with E/M code
 - *-25: Significant, Separately Identifiable Evaluation and Management Service by Same Physician or Other Qualified Healthcare Professional on Same Day of the Procedure or Other Service*
- Example: if physician performs CGM data interpretation and also evaluates pt face-to-face for DM symptoms, physician can bill 9921X-25 plus 95251

Reimbursement Coverage Guidelines for Professional CGM for HCPs

- Not necessary to have different dx for E/M service and CGM service
- In determining E/M code level, **none** of the time or services performed for CGM service can be counted towards E/M service

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95250

- Reimbursement **2013** rates under **physician's** NPI#:
 - Medicare unadjusted national rate: **\$166**
 - Hospital outpatient dept.: **\$97 (APC code 0634)**
 - Private payer *average* rate: **\$349**
 - Contact for your rates
- IF **sensor** purchased by pt directly:
 - Add modifier **-52** as non-expense to practice setting

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95250 reimbursement **2015** rates:

- Under **physician's** NPI#:
 - Medicare national rates, **facility** and **non-facility, geographically adjusted**: **\$111.62** to **\$219.68**
- Hospital outpatient dept.: **APC code 0634**
- Private payer average rate: **~\$300.00**
 - Contact for your rates
- IF **sensor** purchased by pt directly:
 - Add modifier **-52** as non-expense to practice setting

Reimbursement Coverage Guidelines for Professional CGM for HCPs

95251

- Under **physician's** NPI#:
 - Medicare national rates, **facility** and **non-facility, geographically adjusted**: **\$39.14** to **\$59.67**
 - Private payer average rate: ~ **\$100**
- Interpretation and generation of report can only be performed by **physician** or **qualified non-physician practitioner (NP, PA, CNS)** and billed by same
- Can be **non face-to-face** with pt

Reimbursement Coverage Guidelines for Professional CGM for HCPs

- Codes **95250** and **95251** *may not be reported more than once per month*
- Instructional notes added following each code to indicate code may *not be reported in conjunction with the collection and interpretation of physiologic data code 99091.*

***Reference:** 2009 CPT® Changes, Effective January 1, 2009

American Association of Clinical Endocrinologists (AACE).
2009 CPT changes and/or revisions as outlined in American Medical Association CPT 2009 Edition.

Reimbursement Coverage Guidelines for Professional CGM for HCPs

- For **more ongoing** follow-up data interpretation:
 - Physician/mid-level provider: E/M codes (evaluation & management) can be used to bill for more **face-to-face** interpretation in office visit
 - Bill *established* pt visit codes 99212 to 99215 (lowest to highest payment), based on level of E/M service provided, OR based on time
 - IF **95250** billed on same day that an **E/M code** for patient visit billed (e.g., E/M 99215), must:
 - Add modifier **-25** to E/M code (99215-**25**)

Benefits of Adding CGM to Program/Practice

- ↑ reimbursement with **group** CGM start-ups
 - Takes ~ 5 - 10 min./patient for **sensor** placement hook-up and calibration of BG monitor
 - RN's, RD's, CDEs can typically perform task
- Improves pt outcomes
- Improves scope of DSME/MNT program/practice
- ↑ referrals for CGM to DSME/MNT Program
 - Makes HCP look like true diabetes consultant
 - Pts love convenience of system + visual BG results

Insurance Reimbursement for Personal CGM

- Majority of private health care plans have coverage policies for both personal and professional CGM
- National payers currently covering CPT codes:
 - Cigna, Humana, Aetna, United Healthcare, Anthem WellPoint
- *Coverage criteria DO differ between personal and professional CGM*
- Many payers **do use same CPT codes** for both personal and professional CGM
 - But some payers require **personal** CGM be billed under DSME or MNT or other patient education or training or self-management procedure codes

Insurance Reimbursement for Personal CGM

- Coverage decisions may also:
 - Limit coverage to specific patients (i.e. Type 1)
or
 - Limit number of times per year CPT codes 95250 and 95251 may be covered
- 98%+ of commercially insured T1 pts have coverage for CGM*
- CGM coverage for T2 pts on insulin has more than tripled in last 2 years alone* but less insurers cover

* Dexcom internal data file, 2013

6 Key Steps in Office Process for Professional CGM Success

- Planning
 - Clinical approach
 - Allocation of well-trained staff and resources
- Patient selection and scheduling
- Implementation: start-up
 - Inserting CGM sensor + training pts on use
 - Sensor removal, data download + printing reports
- Interpreting data
- Making therapy adjustments + ongoing pt follow-up
- Obtaining reimbursement for CGM services

OK, THEN! GLAD THAT'S OVER!
DRINK ANYONE?





time for **questions**

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Resources by Mary Ann Hodorowicz

Turn Key Materials for AADE DSME Program Accreditation

- DSME Program Policy & Procedure Manual Consistent with NSDSME (72 pages)
- Medicare, Medicaid and Private Payer Reimbursement
- Electronic and Copy-Ready/Modifiable Forms & Handouts
- Fun 3D Teaching Aids for AADE7 Self-Care Topics
- Complete Business Plan

3-D DSME/T and Diabetes MNT Teaching Aids 'How-To-Make' Kit

- Kit of 24 monographs describing how to make Mary Ann's separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references

Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©, 5th. Edition, 2015

Establishing a Successful MNT Clinic in Any Practice Setting©

EZ Forms for the Busy RD©: 107 total, on CD-r; Modifiable; MS Word

- Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms
- Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms
- Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms